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INDIANA TOBACCO PREVENTION AND CESSATION EXECUTIVE BOARD REQUEST FOR GRANT APPLICATION FOR STATEWIDE PARTNERSHIPS April 11, 2008

The Indiana Tobacco Prevention and Cessation Executive Board (ITPC) announces the availability of a total of \$950,000 in funds to support grants for statewide tobacco prevention and cessation efforts. The funding period is from June 1, 2008 – May 31, 2009.

Background

The Indiana Tobacco Use Prevention and Cessation Trust Fund and Tobacco Board (ITPC) were created by the Indiana General Assembly in 2000 and are governed by IC 4-12-4 (for information on Indiana Code access www.state.in.us/legislative/ic/code/). ITPC exists to prevent and reduce the use of all tobacco products in Indiana and to protect citizens from exposure to tobacco smoke. ITPC coordinates and allocates resources to:

- Change the cultural perception and social acceptability of tobacco use in Indiana
- Prevent initiation of tobacco use by Indiana youth
- Assist tobacco users in cessation
- Eliminate exposure to secondhand smoke
- Support the enforcement of tobacco laws concerning the sale of tobacco to youth and use of tobacco by youth
- Eliminate minority health disparities related to tobacco use and emphasize prevention and reduction of tobacco use by minorities, pregnant women, children, youth, and other at-risk populations.

ITPC develops and maintains a process-based and outcomes-based evaluation of funded programs and keeps State government officials, policymakers, and the general public informed. ITPC allocations are guided, to the extent possible within budget constraints, by the U.S. Centers for Disease Control and Prevention's (CDC) Best Practices for Comprehensive Tobacco Control Programs. CDC recommends that States establish tobacco control programs that are comprehensive, sustainable, and accountable. (<http://www.cdc.gov/tobacco/bestprac.htm>)

The Hoosier Model consists of:

- Community Based Programs
- Statewide Media Campaign
- Cessation
- Evaluation and Surveillance
- Administration and Management

The ITPC Executive Board has selected six priority areas for the 2010 Indiana Comprehensive Tobacco Control Plan. These six areas are:

1. Decrease Indiana youth smoking rates.
2. Increase proportion of Hoosiers not exposed to secondhand smoke.
3. Decrease Indiana adult smoking rates.
4. Increase anti-tobacco knowledge, attitudes, and beliefs necessary for smoking behavior change to occur.
5. Increase Indiana's tobacco tax to reduce adult smoking and prevent youth smoking.
6. Maintenance of state and local infrastructure necessary to lower tobacco use rates and thus make Indiana competitive on economic fronts.

The Community-Based Programs focus on the following community indicators:

Community Indicators: 2007-2009**	
Priority Area 1: Decrease youth smoking rates	
1	Increase the proportion of Indiana school districts that support and implement a comprehensive school strategy against tobacco use.
2	Extent of community activism among youth to support community change that includes youth involved in the VOICE movement.
3	Extent of compliance with laws related to tobacco sales to youth.
Priority Area 2: Increase proportion of Hoosiers not exposed to secondhand smoke	
4	Proportion of tobacco free campus policies for hospitals, health care centers, and clinics.
5	Proportion of smoke free policies for worksites, including restaurants and bars.
6	Proportion of smoke free policies for government buildings, grounds and vehicles.
7	Proportion of school districts with tobacco-free campuses.
8	Proportion of smoke free policies for community organizations.
9	Extent of tobacco control policies on university/college campuses. This includes indoor and outdoor spaces such as student housing, classroom buildings, and athletic facilities.
10	Proportion of smoke free policies for indoor and outdoor recreational facilities (e.g., fairgrounds, amusement parks, playgrounds, sport stadiums, etc.).
Priority Area 3: Decrease adult smoking rates	
11	Extent of the availability of appropriate tobacco cessation services in the community for adults and youth.
12	Proportion of health care providers and health care systems that have fully implemented the Public Health Service guidelines for cessation.
13	Proportion of worksites that provide employer-sponsored cessation support for employees who use tobacco.
Priority Area 6: Maintain state and local infrastructure necessary to lower tobacco use rates and make Indiana competitive on economic fronts.	
14	Extent of participation by partners within the broad-based coalition.
15	Extent of participation by groups representing disparately affected (i.e. hard to reach) populations in the community.

**Note: For the 2007-2009 grant cycle, ITPC eliminated four indicators that the grantees previously worked on based on changes in the tobacco control environment and resources in Indiana.

Additional information about the ITPC program and evaluation results can be found in 2007 ITPC annual report <http://www.in.gov/itpc/2954.htm>

The Community-Based Programs incorporate minority, school, cessation and statewide programs designed to lower youth smoking, increase cessation among Hoosiers, and protect Hoosiers from secondhand smoke. Grants are provided in four categories:

1. Community-Based Partnerships (awarded at the county level through an RFA process in summer 2007 for SFY 2008-2009)
2. Minority-Based Partnerships (awarded at the local and state level through an RFA process in summer 2007 for SFY 2008-2009)
3. Statewide Partnerships (to be awarded in the 2008)
4. Memorandum of Understanding with Alcohol and Tobacco Commission (ATC) for enforcement of Indiana's youth access law.

Requests for Application: Statewide Partnerships

Rationale and Focus Areas

The ITPC collaborates with organizations that have a statewide reach to decrease tobacco consumption in Indiana. The ITPC specifically set aside funding for statewide partnerships in order to advance collaborative and evidence-based solutions to address Indiana's high tobacco use rates among adults and youth.

ITPC announces the availability of a total of \$950,000 in funds to support grants for statewide tobacco prevention and cessation efforts. The funding period is from June 1, 2008-May 31, 2009.

Awards issued for these grants must focus on one of the following areas: 1) Cessation Systems Change or 2) Building Indiana's Voice Movement.

CESSATION SYSTEMS CHANGE

- Have statewide impact
- Be adult-focused
- Incorporate a plan to promote the Indiana Tobacco Quitline that includes at a minimum promotion to your organization's network, quitline logo on your organization's website, and promotion at your organization's annual meeting
- Propose evidence-based strategies that address a minimum of one of the following areas:
 - Promoting cessation strategies to health care providers
 - Promoting cessation strategies to employers
 - Expand outreach to low income, Medicaid, underinsured, uninsured adults to increase utilization of the Indiana Tobacco Quitline
 - Training for healthcare professionals on the Public Health Service Practice Guidelines
 - Marketing and outreach projects to young adult tobacco users (ages 18-35)
- Incorporate the CDC's Best Practices for Comprehensive Tobacco Control Programs (<http://www.cdc.gov/tobacco/bestprac.htm>);
- Use strategies and recommendations from the Public Health Service-sponsored Clinical Practice Guideline, *Treating Tobacco Use and Dependence*. It assists clinicians, smoking cessation specialists; and health care administrators, insurers, and purchasers in identifying and assessing tobacco users and in delivering effective tobacco dependence interventions.
- Use the CDC's A Practical Guide to Working with Health-Care Systems on Tobacco Use Treatment (http://www.cdc.gov/tobacco/quit_smoking/cessation/practicalguide.htm)
- Agree to fully collaborate and participate in the complete community-based program funded through ITPC and include a plan for interfacing with the ITPC local partners
- Demonstrate that the program has a strong likelihood for a sustainable effort should funding not be available in the future.

BUILDING INDIANA'S VOICE MOVEMENT

- Have a statewide impact
- Be youth driven
- Commit to focus on anti-industry messaging rather than only a healthy lifestyle message
- Coordinate with the Voice Hub structure so that your organization's grant proposal is linked with existing Hubs and local Voice activities
- Agree to attend a one-day statewide Voice orientation organized by ITPC
- Agree to complete a Voice communication plan between your organization and the Voice Hub Coordinators
- Participate in at least one of the following ITPC initiatives
 - Statewide Voice Youth Summit
 - Regional Voice Activism Event
 - ITI Summer Institute
- Use youth empowerment strategies to guide proposed activities (see http://www.americanlegacy.org/Documents/PDF/Youth_Empowerment-_The_Future_of_Tobacco_Control_in_Action.pdf)

OTHER

Under this grant, ITPC will NOT consider applications for:

- Costs for nicotine replacement therapy and pharmaceuticals or other smoking cessation products
- Basic research or clinical trials
- Projects focusing on substances other than tobacco
- Grants to support operating deficits

Who May Apply

This announcement of funding is available to public and private entities as specified in I.C. 4-12-4. To avoid any potential or perceived conflict of interest between ITPC's grant recipients and tobacco-related entities, the ITPC has adopted a contractual funding condition that requires any grantee shall not accept any grant or anything else of value from any tobacco manufacturer, distributor, or other tobacco-related entity.

How to Apply

Applicants should submit a grant request to the Indiana Tobacco Prevention and Cessation Agency using the guidelines provided in this announcement.

- ❑ **The due date for applications is May 9, 2008.**
- ❑ **Applicant must submit one original and 12 copies of the application except only ONE original of the following documents: Declarations Page, W-9, State of Indiana Direct Deposit Form and Audited Financial Statements**
- ❑ **Applications must be received in the ITPC office, 150 W. Market St., Suite 406, Indianapolis, IN 46204 by 5:00 p.m. on May 9, 2008.**

The application must include:

- *Application Cover Sheet*
- *Executive Summary* - Summarize the Grant Proposal (No more than 1 page).
- *Applicant Organization Capacity and History to Complete Tobacco Control Interventions* - This section should briefly introduce the organizations main accomplishments and experience in tobacco control. (No more than 2 pages).
- *Project Narrative* - The program narrative should outline the following:
 - *Statement of Need, Rationale and Project-* This section should convince the review team that the proposal responds to a clear, documented tobacco control need in Indiana for either changing and building cessation systems or expanding and enhancing the Voice movement. (No more than 3 pages).
 - Explain how your organization meets the requirement for statewide reach. (No more than 1 page).
 - *Project Objectives* - Objectives must clearly link to one of the following Community Indicators:
 - #2 Extent of community activism among youth to support community change that includes youth involved in the Voice movement.
 - #12 Proportion of health care providers and health care systems that have fully implemented the Public Health Service guidelines for cessation.
 - #13 Proportion of worksites that provide employer-sponsored cessation support for employees who use tobacco.
 - Objectives must be clearly stated, measurable, reasonable in scope, and tied directly to the project need and rationale.
 - *Evaluation Plan* - Successful applicants will be required to report activities quarterly to ITPC. In addition to the quarterly report system, please outline how you will evaluate the outcomes from the grant program.
- *Project Outcomes, Activities, Timeline and Deliverables* - The overall project strategy along with activities, timeline and deliverables should be outlined on Form A. Use additional pages of this form as necessary.
- *Itemized and Detailed Budget* - The maximum grant allowed under the statewide grant proposal without required matching funds is \$80,000. All grants above \$80,000 require a 50 percent match for every dollar above \$80,000. Matching funds must be used specifically for tobacco control activities related to this project. Use Form B.
- *Budget Narrative* - Use Form C.
- *Declarations Page* - Use Form D.
- *W-9* - Use Form E.
- *State of Indiana Direct Deposit Form* - Use Form F.
- *Audited Financial Statements* - This applies to any non-governmental entities. Non- governmental entities need to submit audited financial statements not over two periods old.

A limited amount of items may be included in an Appendix including letters of support and relevant staff biographies and resumes; however, there is no guarantee that these materials will be part of the review process.

Funding Levels:

Grants up to \$80,000 will be awarded without a requirement of matching funds, although matching funds are encouraged.

Grants above \$80,000 require a 50 percent match for each dollar above \$80,000. Matching funds must be used specifically for tobacco control activities related to this project. The grant award size will vary by circumstances, need, and program model. Submission of grant application, even one that meets all grant requirements, does not guarantee receipt of an award.

Review Process

All applications submitted will undergo a multi-stage review process that may include:

- Technical analysis by Agency staff;
- Review by the ITPC's Review Team;
- Possible presentations to the ITPC Review Team or Executive Board.

Review Criteria

Applications will be assessed on the basis of the following criteria:

Organizational capacity and accomplishments to date

The proposal should:

- ❑ Provide evidence of organizational experience in tobacco control programs;
- ❑ Demonstrate the applicant's ability to provide sound programmatic and fiscal oversight;
- ❑ Include a detailed overview of tobacco control related accomplishments to date as well as an evaluation of those accomplishments; and
- ❑ Document the applicant's agreement to participate in evaluation.

Statement of need and program rational

The proposal should:

- ❑ Include a needs assessment including source documentation, a review of current tobacco cessation or prevention activities relevant to the proposed effort, and a description of the targeted population;
- ❑ Summarize how the proposed project will advance other funded programs of the ITPC; and
- ❑ Review resources, including financial and matching support, available for the proposed effort.

Soundness of proposed plan, strategy, activities, timeline

The proposal should:

- ❑ Include a detailed summary of the project's principal objectives and expected outcomes
- ❑ Demonstrate evidenced based tobacco control efforts;
- ❑ Demonstrate a strong likelihood for a sustainable effort after the contract period; and
- ❑ Provide a detailed timeline for the project with projected deliverables through the grant period of June 1, 2008 – May 31, 2009

Proposed budget and cost

The proposal should:

- ❑ Include a cost-effectiveness budget appropriate to the scope and nature of the program;
- ❑ Demonstrate how the requested funds related to the applicant's organization budget for the current year and
- ❑ Outlines matching funds requirement for grants exceeding \$80,000.

Use of Funds

The ITPC expects that funds allocated through this request for proposals will only support program development, implementation, and coordination for the proposed project. A fixed indirect cost rate no more than 5 % on direct cost expenditures. Indirect costs include operating and maintaining buildings, ground, and equipment; and general administrative expenses.

Declaration

It is ITPC policy that any organization or individual receiving funding from ITPC must agree as a condition of receiving funds that they will not accept any funding from the tobacco industry.

The ITPC may seek additional information from an applicant prior to or during the review of the application.

The ITPC reserves the right to negotiate a modification of the proposed work plan and or budget and will award funds after agreement has been reached.

The ITPC reserves the right to examine the physical location, all books, documents, papers, accounting records, and other evidence (Records) pertaining to administration of the program upon request and copies thereof shall be furnished at no cost to ITPC. Grantees will be subject to an Indiana State Board of Accounts monitoring engagement per ITPC's request.

Technical Assistance

Applicants should submit questions in writing or by email regarding proposals to the ITPC by **4:00 p.m. on April 18, 2008**. All questions and answers will be posted on the ITPC website at www.itpc.in.gov. Questions should be submitted to:

Anita Wood Gaillard
150 W. Market Street, Suite 406
Indianapolis, IN 46204
(317) 234-1786 (FAX)
email: agaillard@itpc.in.gov

Tobacco Prevention and Cessation Program

Application Cover Sheet

Application for Statewide Cessation Partnerships
June 1, 2008 – May 31, 2009

Lead Agency Information

Lead Agency Name:

County:

Lead Agency Contact, Director or CEO:

Address:

City:

Zip Code:

Telephone:

Fax:

Email:

Federal Identification Number: _____

Signature of Lead Agency Contact: _____

Primary Contact Information

Primary Contact to ITPC:

Primary Contact Address if different from above:

City:

Zip Code:

Telephone:

Fax:

Email:

Signature of Primary Contact:

**Primary Contact Supervisor Information –
Lead Agency Employee**

Primary Contact's Direct Supervisor:

Supervisor Address if different from above:

City:

Zip Code:

Telephone:

Fax:

Email:

Signature of Primary Contact's Direct Supervisor: _____

**Lead Agency Financial Contact Person
Information – Lead Agency Employee**

Lead Agency Financial Contact Person:

Address if different from above:

City:

Zip Code:

Telephone:

Fax:

Email:

Signature of Lead Agency Financial Contact Person: _____

Proposal Information

Funding requested:

\$ _____

Matching funds to be provided

\$ _____

Total Funding available for project

\$ _____

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Form A

Community Indicator:													
Objective(s):													
Outcome Measures:													
Activities to Accomplish Objective (bulleted steps)	Time Line (in months)												Deliverables
	1 Jun	2 Jul	3 Aug	4 Sept	5 Oct	6 Nov	7 Dec	8 Jan	9 Feb	10 Mar	11 Apr	12 May	
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**Statewide Cessation Program
Budget Worksheet – Form B**

Name of Program: _____

	Matching Expenses	ITPC paid Expenses
1. Personnel		
a. Salaries/Wages %FE Annual Salary Wage #Months		
1. (Position Title)		
2. (Position Title)		
TOTAL SALARIES/WAGES >		
b. Fringe Benefits		
1. (Position Title)		
2. (Position Title)		
TOTAL FRINGE BENEFITS >		
2. Travel		
a. In-State		
b. Out-of-State		
TOTAL TRAVEL >		
3. Supplies		
a.		
b.		
TOTAL SUPPLIES >		
4. Contracts		
a.		
b.		
TOTAL SUBCONTRACTS >		
5. Other		
a.		
b.		
TOTAL OTHER>		
6. Paid Media		
a.		
TOTAL PAID MEDIA (cannot exceed 5% of total ITPC grant award)		
7. Furniture & Equipment		
a.		
b.		
TOTAL FURNITURE & EQUIPMENT >		
TOTAL DIRECT COSTS>		
8. INDIRECT COSTS (Include if you have an indirect cost component. Maximum of 5% of the total direct cost requested is allowed.)		
TOTAL AMOUNT MATCHING AND REQUESTED FROM ITPC		

- Note:**
1. Line items must be explained in a narrative Budget Justification
 2. Costs such as central services, rent, and accounting can be budgeted in either #5 or #8, but not both.

Statewide Cessation Program Budget Narrative
Form C

Name of Program: _____

Personnel: (List positions here, Summary of job description or responsibilities should be detailed on additional attached sheets with one job description per attached sheet)

Travel: (List anticipated travel here. The detailed information of each event/conference should include; rationale for attending and anticipated follow-up from your attendance. Please attach detail on separate sheets, one event/conference per page. Please follow additional guidelines in instructions.)

Supplies: (explain the type and use of the educational and promotional supplies in your Program. List the different types of supplies on separate line items for example, office supplies, educational supplies, and promotional items, if any. If different types of supplies are not specifically listed ITPC will consider any unspecified line item of supplies as program oriented education supplies only.)

Contracts: (On separate documents for each contract, include scope of work; including tasks and deliverables, time period of the contract, person in your organization who will supervise or manage the contract, name of contractor if known, otherwise explain method of selecting the contractor.)

Paid Media: (Advertising and communication media must utilize the media campaign imaging and the common messages developed by the Indiana Tobacco Use Prevention and Cessation Executive Board. Advertising and communication expenses for paid media cannot exceed 5% of the total grant amount awarded.)

Other: (Provide a detailed breakdown and explanation for expenditures. Costs included elsewhere in the budget cannot also be included in the other line item in the budget.)

Furniture and Equipment: (Explain in detail. Office furniture, equipment and computer/software and/or upgrades provided they are reasonable expenditures relative to the work proposed. All furniture and equipment purchased over \$500.00 will remain property of the State of Indiana after the term of this grant contract.)

See information following for additional guidance.

Statewide Cessation Programs Budget Narrative

Be specific regarding what tobacco grant expenditures will be paid with matching funds; the narrative should mirror the budget worksheet and provide verbal explanation of the dollar amounts included in the budget.

BUDGET EXPLANATION

Description of Budget Line Items

The following line items should be included if applicable. Use the budget form provided or a similar format. Explanation of budget items must be submitted on a separate page or incorporated into a budget form.

1. Personnel

a. Salaries and Wages

For each staff position proposed, include the title of the position, percentage of time (FTE), annual salary, and number of month's salary requested, and a summary of the job description or responsibilities. Staff position(s) paid by Statewide and Regional program funds must be dedicated only to tobacco use prevention activities approved in the work plan.

Tobacco programming activities must occur during the calendar quarter for which the staff is being paid salaries and wages. Paid staff must document hours worked and summarize activities performed on a daily log. Salaries and wages paid to staff must be for hours worked in the same calendar quarter and evidenced by the daily log.

Salary and wage increases for staff can only be applied after an individual has worked toward approved plan goals for more than 12 months. A cap on annual salary increases is limited to the consumer price index – all urban consumers, as published by the U.S. Department of Labor, Bureau of Labor Statistics Data (www.bls.gov) or 3% of the current approved salary and wages, whichever percentage is less. Please apply the percentage, not to exceed the 3% limit, as applicable, by checking the year and month that corresponds with the one-year anniversary of the staff person in question. Please remember that the earliest date staff could have been actively employed is the date of the final signature on the grant contract. The final signature date is the date the contract is considered fully executed

b. Fringe Benefits

For each position, indicate the rate and compute the amount charged for fringe benefits usually and customarily provided by the organization for employees. ITPC grant funding cannot be used to provide benefits in excess of those normally and customarily offered to all employees. If the organization does not provide fringe benefits to all employees, ITPC grant dollars cannot be used to provide benefits not normally and customarily offered. Please refer to the human resources department of your lead agency for guidance on this budget line item.

2. Travel

Expenditures for travel will be limited to the rate customarily paid by the agency or the current rate being paid by the State of Indiana, whichever is the lesser. A chart summarizing the maximum reimbursement amounts from the State of Indiana's, Financial Management Circular No. 97-1.1 effective March 1, 1997, revised January 2004, is included for reference.

Expenses incurred to attend tobacco use prevention and cessation trainings, conferences and meetings are permitted. Present the following for each event: Description of the event or conference; rationale for attending (this should connect directly to the partnership's vision and program activities); anticipated follow-up from the event after you return to the community; budget estimate (travel, lodging, meals, registration fees, other expenses.)

3. Supplies

Supplies may include: office supplies, meeting supplies, or other supplies, including those supplies not specifically excluded. The purchase of tobacco use prevention educational supplies should be consistent with the goals and objectives of the Tobacco Use Prevention and Cessation Executive Board. Include a narrative justification outlining the intended use and incorporation of the supplies into the local program. Food is a prohibited expense with ITPC funding.

4. Contractual

On separate forms provide descriptions of contracts for program activities, these must be included along with budget information. (Contracts for administrative activities such as out of agency printing, etc., do not need to be described.) On the budget form or on another page describe for each contract the following information: 1) scope of work including tasks and deliverables, 2) time period of the contract, 3) person in the agency who will supervise or manage the sub-recipient contract, 4) name of the contractor or, if not yet known, what method will be used to select the contractor, e.g. bids, RFPs, mini-grants, sole source, etc.

The subcontract agreement format provided by the Tobacco Prevention and Cessation Agency should serve as a boilerplate to collect information on subcontractors. If additional space is needed to explain the details of a contract please attach and reference these documents within the body of the subcontract or mini-grant agreements. The boilerplate contract documents provided are not intended to be the sole source of information for executing a contract for goods or services.

5. Other

This category can include costs for items such as telephone, rent, copying, printing, postage, mailing, publications, and public and professional education costs. If the agency or organization has an approved indirect cost plan, costs may not be included in the **Other** category if they are included in the indirect charge.

Rent to be paid for space for tobacco prevention and cessation programming activities cannot exceed the fair market value for the space. Document how the rental expense was determined and retain this documentation in the records.

Cell phone expense paid from tobacco grant funds must be for calls to conduct tobacco prevention and cessation business. To be reimbursed for cell phone calls, the grantee must have an approved line item in the budget for cell phone expense and provide itemized billing receipts with tobacco prevention and cessation phone calls highlighted. The reimbursement can only be for the calls to conduct tobacco prevention and cessation business. No reimbursement will be issued for cell phone expenses without itemized billing for calls that cannot be documented as for tobacco prevention and cessation activities. To direct pay a vendor for cell phone expenses you must have itemized billings, highlight the calls for tobacco grant programming activities and only pay for the calls that are for tobacco grant programming activities. If you contract for a flat fee for cell phone expenditures, you must still get itemized billing, highlight the calls that are for tobacco programming activities and calculate the percentage of the total expense that was incurred to conduct tobacco grant programming activities. Only charge the tobacco grant for the percentage of tobacco grant program calls applicable.

6. Paid Media

Advertising and communication media must utilize the media campaign imaging and the common messages developed by the Indiana Tobacco Use Prevention and Cessation Executive Board. Advertising and communication expenses for paid media cannot exceed 5% of the total grant amount awarded.

7. Furniture and Equipment

Office furniture, equipment and computer/software upgrades, are allowable, provided they are reasonable expenditures relative to the work proposed and were not purchased in a previous year. All equipment purchased with grant funds, which cost \$500 or more, shall remain the property of the Indiana Tobacco Prevention and Cessation Agency and shall not be sold or disposed of without written consent from the Indiana Tobacco Prevention and Cessation Agency. All furniture, equipment and computer/software upgrades purchased which cost \$500 or more must be listed on a fixed assets listing, see sample document in appendix.

8. Indirect Charges

Indirect charges will vary according to need and are payable to the lead agency/fiscal agent only. Indirect costs are not an allowable expense for mini-grant recipients or subcontractors. All costs incurred by mini-grantees or subcontractors must be direct costs to provide goods or services. Organizations may budget up to a maximum of 5% of the total direct cost amount for indirect costs. This amount is an integral component of the total grant award. The total charges that are included in the approved indirect cost rate may not be listed as direct costs in the budget. Typical examples of indirect costs may include central service costs, accounting personnel services, the costs of operating and maintaining facilities, etc. Check with the fiscal officer to see if you are allowed to include an Indirect Charge, and to see what costs are categorized as “indirect” for the organization.

9. Additional Conditions

The Grantee agrees to abide by the following additional conditions:

- a. That grant funds and program income shall not be expended for:
 1. Construction of buildings, building renovations;
 2. Depreciation of existing buildings or equipment;
 3. Contributions, gifts, donations, dues to societies, organizations, or federations;
 4. Entertainment;
 5. Automobile purchases, rental and/or leases;
 6. Interest and other financial costs;
 7. Fines and penalties;
 8. Bad debts;
 9. Contingency funds;
 10. Food; and
 11. Political contributions.
- b. All disbursements are required by law to be fully itemized. IC 4-10-11-1 states that payments shall not be approved by any officer or officers authorized to approve the same, unless so itemized, and when invoices are presented for payment, they shall be accompanied by said itemized accounts and statements. Other state statutes requiring fully itemized state payments include the following:

IC 5-11-10-1 Disbursements on itemized claims only.

IC 4-10-12-1 Claim vouchers must show expenditure is for purpose appropriated.

Information necessary to sufficiently itemize payments ranges from listing specific contract program detail to providing unit costs, quantity, and description for each item or service received. Adequate information must be provided to substantiate hourly billing, such as activities performed and cost per hour. If reference is made to a vendor invoice, statement, or bill, it should be attached. Blank or incomplete invoices should never be certified or paid by Grantees.

Public funds may not be used to pay for personal items or for expenses that do not relate to the functions and purposes of the tobacco grant program. Personal long distance calls are not to be charged to the grant. Cellular phone service, which is paid for with grant funds, is for the sole benefit of the program for which grant funds have been received. Grantees have a responsibility to monitor cellular phone expenses to ensure they are not paying for airtime that is not needed.

Dues and subscriptions paid from public funds should be for institutional memberships; i.e. in the name of the organization, or grantee's organization name, not an individual's name.

No checks can be issued for cash to pay expenditures. Checks must be made out to the subcontractor, mini-grantee and/or supplier.

No petty cash funds can be established.

Grantees must reimburse staff for travel expenditures, no advance payments without specific written permission from ITPC.

Grantees are responsible for collecting any overpayment or duplicate payments made. Repayment should be sought immediately once an overpayment has been identified.

Grantees are obligated to collect, document and retain all such information necessary to certify invoices submitted for payment for goods or services received. Grantees have the duty to pay properly documented invoices in a timely fashion.

- c. The Grantee will maintain a fixed assets listing as prescribed in the budget explanation. See attached sample of listing.
- d. Grantees will account for tobacco grant funds separately from other organization funds and will reconcile the tobacco grant fund account monthly. At the end of the quarter the fund and account statement must reconcile to the quarterly fiscal report submitted to ITPC.
- e. That acceptance of any services offered under this Grant Agreement shall be voluntary on the part of the individual to whom such services are offered and that acceptance of any services shall not be a prerequisite to eligibility for the receipt of any other services under the Grant Agreement.
- f. That any proposed changes in the target population served under this Grant Agreement or any proposed changes in geographic location of service sites must be submitted in writing to the Tobacco Prevention and Cessation Agency.

- g. That funding is contingent upon providing individualized data files in a file structure specified by the Indiana Tobacco Prevention and Cessation Agency. Grantee will submit said data files to the Indiana Tobacco Prevention and Cessation Agency no later than the 30th day after the end of the month in which the Grantee's quarterly report is due according to a specific schedule determined by the Indiana Tobacco Prevention and Cessation Agency. The data provided by the Grantee will be used to perform statistical and evaluative functions, and other reporting requirements.
- h. That changes in line items in the budget will be requested in writing and approved by a duly authorized representative of the Indiana Tobacco Prevention and Cessation Agency prior to implementation.
- i. That payment is contingent upon timely receipt of required client data in accordance with procedures and schedules established by the Indiana Tobacco Prevention and Cessation Agency, a copy of which is available upon request.
- j. That all income generated by grant funds shall be added to the grant fund balance in the period in which it is earned and is subject to the same requirements as the basic grant monies. All grant monies must be invested in types of investments as directed by current statute, IC 5-13-9-1 thru 5. Please refer to the current statute for guidance.
- k. To adopt and enforce a no smoking policy in project facilities at all times.
- l. Within 30 days after the end of the fiscal year, the designated Lead Agency must file Form E-1 with the Indiana State Board of Accounts so the audit requirements can be determined and communicated to the agency. For additional information please contact Mike Bozyski, Supervisor for Not-for-Profit Corporations at 232-2525 or www.ai.org/sboa/monthlye.html to review the information on-line.

Summary of Travel Allowances

1. Overnight Travel: The subsistence allowance for in-state travel is \$26.00 per day.
Example:

	<u>SUBSISTENCE</u> <u>IN-STATE</u>	<u>SUBSISTENCE</u> <u>OUT-OF-STATE</u>
Before 12:00 pm Departure	\$26.00	\$32.00
Between 12:00 pm and 4:30 pm Departure	\$13.00	\$16.00
After 4:30 pm Departure	\$0.00	\$0.00
Before 12:00 pm Return	\$13.00	\$16.00
After 12:00 pm Return	\$26.00	\$32.00

2. Meals provided are to be listed and deducted as follows:

	<u>IN-STATE</u>	<u>OUT-OF-STATE</u>
Breakfast	\$6.50	\$8.00
Lunch	\$6.50	\$8.00
Dinner	\$13.00	\$16.00

3. ONE DAY TRIPS:
- | | <u>IN-STATE</u> | <u>OUT-OF-STATE</u> |
|--|-----------------|---------------------|
| Gone less than 12 hours | \$0.00 | \$0.00 |
| Gone more than 12 hours and leave before 6:00 a.m. | \$6.50 | \$8.00 |
| Gone more than 12 hours and return after 6:00 p.m. | \$13.00 | \$16.00 |
| Gone more than 12 hours and leave before 6:00 a.m. and return after 6:00 p.m. | \$19.50 | \$24.00 |

WHEN A MEAL IS PROVIDED, NO SUBSISTENCE WILL BE REIMBURSED FOR THAT MEAL.

4. MILEAGE
- | | <u>IN-STATE</u> | <u>OUT-OF-STATE</u> |
|-------------------------|-----------------|---------------------|
| First 500 miles | \$0.40 | \$0.40 |
| 501 – 2500 miles | \$0.17 | \$0.17 |
5. LODGING **\$89.00/\$97.00**

Effective July 1, 1999, October 1, 2007 the maximum rate for In-State, outside of the Indianapolis Metropolitan area, lodging will be \$89.00 per night per person plus applicable taxes and inside of the Indianapolis Metropolitan area, lodging will be \$97.00 per night per person plus applicable taxes.

Overnight parking at the Airport in Indianapolis is limited to \$9.00 per day reimbursement.

Indiana Tobacco Prevention and Cessation Agency (ITPC) Declarations - Form D

The ITPC policy is that any organization or individual receiving funding from ITPC must agree as a condition of receiving funds that they will not accept any funding from the tobacco industry.

The ITPC may seek additional information from an applicant prior to or during the review of the application.

The ITPC reserves the right to negotiate a modification of the proposed work plan and will award funds after agreement has been reached.

The ITPC reserves the right to examine the physical location, all books, documents, papers, accounting records, and other evidence (Records) pertaining to the administration of the community program upon request and copies thereof shall be furnished at no cost to the Indiana Tobacco Prevention and Cessation Agency.

Signing below indicates that you have read and understand these declarations. For questions and assistance please call: Indiana Tobacco Prevention and Cessation Agency at (317) 234-1787

Signature

Date

Printed Name

Form **W-9**
(Rev. December 2000)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Please print or type

Name (See **Specific Instructions** on page 2.)

Business name, if different from above. (See **Specific Instructions** on page 2.)

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the **Part I instructions on page 2**. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN on page 2**.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								

List account number(s) here (optional)

Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)

Part III Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here Signature of U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

☐ Add Deposit ☐ Change Deposit ☐ Stop Deposit

State Form 47551 (2/96)
Approved by State Board of Accounts 09/1997

Name of Vendor/Claimant who prepared this Request

Work Number: _____

Name: _____

Home Number: _____



STATE OF INDIANA AUTOMATED DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Instructions:

1. Requestor will complete first section and have their bank/credit union complete Section 2.
2. The bank/credit union will complete Section 2 and return to the requestor.
3. Requestor will file completed form with Auditor of State, 200 West Washington St., Room 240, Indianapolis, IN 46204-2728
4. Requestor and depository should retain a copy. Additional blank copies are available from Auditor of State. Phone: (317) 232-3300

SECTION 1: REQUEST AND AUTHORIZATION

Vendor / Claimant as shown on the account

Federal I.D. Number / Social Security Number

Address (Number and Street, and/or P.O. Box No.)

City, State, and Zip Code (00000-0000)

requests, pursuant to IC 4-8.1-2-7(d), to receive payment(s) by means of an electronic transfer of funds, and authorizes the same under the terms stated herein.

It is understood by the undersigned Vendor/Claimant that, if approved, the Auditor of State may authorize the Treasurer of State to: (1) initiate credit (deposits) in various and varying amounts, by electronic transfer of funds through automated clearing house (ACH) processes, to the below listed checking (*demand*) or savings account designated in the depository named below, and, (2) if necessary, to initiate debit entries or adjustments **solely to correct any credit error resulting from a deposit/credit entry that was made under this authorization**. The Vendor/Claimant may revoke or cancel this request and authorization by notifying the Auditor of State in writing at least fifteen (15) days prior. **Any change** to the account or to a new financial institution will require a **new** State of Indiana Automated Direct Deposit Authorization Agreement. Failure to timely notify the Auditor of an account change will delay payment.

Name of Depository: _____

Type of Account:

☐ Checking (*Demand*)

☐ Savings

Depository Account Number: _____

_____, 20____
Date

Signature of Vendor / Claimant

SECTION 2: DEPOSITORY'S APPROVAL

The above is satisfactory and the undersigned designated depository agrees to accept such automated deposits.

Name of Depository: _____

Phone: () _____

Address:

(Number and Street, and/or P.O. Box No.)

(City, State, and Zip Code (00000-0000))

_____, 20____
Date

Depository's Authorized Signature

ABA Transit-Routing Number

Title

